ALLOWANCE HOT LIST

Appl. No. 09/490979 Examiner-TC	Prepared by Date 11-9.04
Examiner-10	
JACKET:	The state of the s
Primary Examiner box complete. Issuing Classification complete.	NAMABER COS
PTO-892/1449:	
NO Examiner's initials or cross-through NO Date(s) supplied/complete on all	gh lines supplied for each item cited by applicant. PTO-1449/892 sheets. (Month and year required.)
SPEC: SPEC: Brief Description of Drawings YES NO Continuing data is mentioned in	includes description of each figure in drawings. n 1 st paragraph. (Can be an insert.)
CI AIMS.	
CLAIMS:	
VES NO Claims listed on Notice of Allow	vability match allowed claims and/or index of claims.
YES NO Claims correctly numbered in inc (No duplicate or missing	g claim numbers.)
(No incorrect depender	icies.)
CRFE:	
YES NO If necessary (biological sequen	ice listing).
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Committee to the control of the cont	



NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.